

order of birth stated, must be made for each, and the number of en

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 581
Registered No. 581

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3015 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Ignacio Rodriguez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
In event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth Dec 19th 1929
Month Dec Day 19 Year 1929

5. No., in order of birth

8. FATHER

Full name

Ignacio Rodriguez

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 29 (Years)

12. Birthplace (city or place)

(State or country)

Guatemala
Guatemala Mexico

13. Occupation

Nature of industry

Minero

14. MOTHER

Full maiden name

Marcelina Dominguez

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 29 (Years)

18. Birthplace (city or place)

(State or country)

Durango
Durango Mexico

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 1

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated.
(Born alive or stillborn.)

Signature

Rosa Cortez

(Physician or midwife).

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Address

806 Sullivan St

Filed

Dec 27, 1929 to E. J. Jones

Registrar

Registrar

899-1219-449